| | | | | | | | - | | | | | | | | | | | |
|----------|---|--|---------------------|-------------------------------------|--------|-------------|------------------------|---|-----------|---|----------------|--------------|-------------------------|---|---|--------------------|---------------------------|--|
| I N | Agenc | y Namo | | VSTON-SALE | POLICE | , IN | INCIDENT/INVESTIGATION | | | | | | OCA 2304561 | | | | | |
| C · I | ORI | | | | | | - | REPORT | | | | | | | Date / Time Reported S # T W T F S Month Day Yr Time | | | |
| D | | | NC 034 | | | | | | | | | | | 01 | 30 | 202 | 3 17:53 Hrs. | |
| E N | #1 | | ncident(s | | | | | □ Att At Found S 첼 T W T F S Month Day Yr Time | | | | | | | Last Known Secure SM TW TFS Month Day Yr Time | | | |
| Т | | | | vice-non Crimi | nal (| Call For | Service | X Com | <u>01</u> | 30 | | <u> 17:</u> | 53 Hrs | s 01 | 30 | 2023 | 17:53 Hrs. | |
| D | \Box Com 612 Dana Ct Winston salam NC 27102 | | | | | | | | | | | | | | | | Offense Tract 314 | |
| A T | #3 Crime Incident □ Att Premise Type | | | | | | | | | | | | | | | n Resid | ence Type | |
| А | π.3 | | | | | | | Com | | | | | | | | 0 | ily □ Multi Family | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible Yes [No | X N/A | Weapon | / Tools | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | |
| | 0 | | | ciety 🔲 Governm ligious 🔲 L.E. O | | | inancial Instit | | | | ken Bones | | □ Severe | Chacerations ☐ Yes ☐ Unknown ☐ Other Major ☐ No ☐ N/A | | | | |
| V I | , | Victim/ | | Name (Last, First | | | | | | | rnal □U | | | Race S | <u> </u> | ntionship | | |
| C T | V1 Crime # | | | | | | | | | | | | | | | Offender | Resident | |
| Ι | | | DA | TA OMITTED | | | | | | | | | | | | | □ Non-Residen | |
| M · | Home | Addre | ss | | | | ATA OMI | TTED | | | | | | | Home Ph | ione | | |
| | Emple | over Na | me/Add | race | | | | | | | Business Phone | | | | | | | |
| | Employer Name/Address DATA OMITTED | | | | | | | | | | | | | 1 | Busiliess | Fliolie | | |
| | VYR | M | ake | Model | S | tyle | Color | Li | c/Lis | | | | Vin | | | | | |
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| | DATA OMITTED | | | | | | | | | | | | | | | | | |
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| Status | L=L | ost S | = Stolen | R = Recovered | D = | Damaged | Z = Seized | B = Bur | ned C = | = Cour | nterfeit / Fo | orged | F = Foun | d | | | | |
| Codes | (Chec | k "OJ" | column | if recovered for oth | er ju | risdiction) | | | | | | 0.0 | | | | | | |
| | Victim # | DCI | Status | Value | OJ | QTY | | Property | | tion | | | | | /Model | | erial Number | |
| - | | PSU OTHE 1 2018 ELY6729 MI | | | | | | | | | FORD Fl | ex | D | ATA OMITTED | | | | |
| - | | | | | | | | | | | | | | | | Т | FOR NFORMATION | |
| P - | | | | | | | | | | | | | | | | 1 | SECURITY | |
| R O | | | | | | | | | | | | | | | | | PURPOSES | |
| P | | | | | | | | | | | | | | | | | | |
| E- R | | | | | | | | | | | | | | | | 0 | NLY THE FIRST | |
| Т | | | | | | | | | | | | | | | | TWE | LVE PROPERTY | |
| Y - | | | | | | | | | | | | | | | | | ITEMS ARE | |
| - | | | | | | | | | | | | | | | | | DISPLAYED ON | |
| - | | | | | | | | | | | | | | | | | P2C REPORTS | |
| - | Numh | er of V | ehicles S | Stolen 0 | Nu | mber Vehi | cles Recovere | d 0 | | | | | I | | | | | |
| | Office | r | | I |)# | | Officer Sig | | | | | 5 | Supervisor | Signatur | e (1562) | 2) | | |
| ID | | | C. N. (Signatur | | | | Case Statu | SMIT | | | | | | | H, Ď. W. (15622) | | | |
| | comp | amant | Signatul | ~ | | | ☐ Further | r Investiga | tion | \square Unfounded \square Located \square Extradition Dec | | | | | | tradition Declined | | |
| Status | | | | | | | | | | | | | Refuse to Cooperate | | | | | |
| | | | | | | | | | hausted | | Death of | | | Prosecu | | lined | Page 1 | |